

## TRANSMITTAL FORM

Attorney Docket No.  
RAL9000022/1634PAF  
2106  
2700In re the application: **Richard J. BLASIAK et al.** Confirmation No.: **2096**Serial No: **09/545,689**Group Art Unit: **2126**Filed: **April 7, 2000**Examiner: **Zhen, Li B.**For: **Method and System for Providing Remote Procedure Calls in a MultiProcessing System**

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		
<input type="checkbox"/>	After Allowance Communication to Group	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	Postcard	<div style="text-align: center;"> <b>RECEIVED</b>  <b>MAR 24 2004</b>  <b>Technology Center 2100</b> </div>	
<input type="checkbox"/>	Other Enclosure(s) (please identify below):		
<input type="checkbox"/>			
<input type="checkbox"/>			

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	10	20	0	\$18.00	\$ 0.00
Independent Claims	2	3	0	\$86.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	<i>Joseph A. Sawyer, Jr.</i>
Date	March 19, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <b>March 19, 2004</b>	
Type or printed name	Jinny Nguyen
Signature	<i>Jinny Nguyen</i>